

Please type a plus sign (+) inside this box → +

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonapplications under 37C.F.R. §1.53(b))</small>		Attorney Docket No.	PC22064A	
		First Inventor	Mark David Andr ws	
		Title	DIARYL COMPOUNDS	
		Express Mail Label No.	EV 272782174 US	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> <small>Mail Stop Patent Application Commissioner for Patents Box 1450 Alexandria, VA 22313-1450</small>		
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;">42</span>] <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;">1</span></p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;"> </span>] <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;">1</span></p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration (unsigned) [Total <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;"> </span>] <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;">1</span></p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. If a <b>CONTINUING APPLICATION</b>, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.</p> <p><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No: <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;"> </span> /</p> <p>Prior application information: <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;"> </span> Examiner <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;"> </span> Group/Art Unit: <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;"> </span></p> <p>For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. 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<b>18. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<small>(Insert Customer No. or Attach bar code label here)</small>  <span style="border: 1px solid black; padding: 2px 5px; display: inline-block;">28523</span>		
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		
NAME (Print/type)	A. Dean Olson	Registration No. (Attorney/Agent)	31,185	
Signature			7/31/03	

# FEE TRANSMITTAL

## for FY 2003

Applicant claims small status. See 37 CFR 1.27

**Total Amount of Payment** **(\$)**1,030.00

**Complete if Known**

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Mark David Andrews
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	PC22064A

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number **16-1445**

Deposit Account Name **Pfizer Inc.**

### The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  
 Charge any additional fees

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	<b>750</b>		
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	filings fee			
<b>SUBTOTAL (1)</b>		<b>750</b>					

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	19	-20**=	X =
Independent Claims	1	-3**=	X =
Multiple Dependent		280.00	= 280.00

\*\* or number previously paid, if greater; For Reissues, see below

#### Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>		<b>280.00</b>

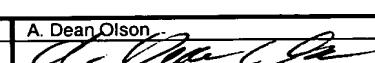
#### 3. ADDITIONAL FEES

##### Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late fee or oath	
1052	50	2052	25	Surcharge - late filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1801	750	2801	375	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify) _____					

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

SUBMITTED BY				Complete (if Applicable)	
Name (Printed/Type)	A. Dean Olson			Reg. Number	31,185
Signature		Date	7/31/03	Telephone	(860)441-4904

**EXPRESS MAIL NO. EV272782174 US**